

bladder, such as mucous membrane or other tissues, it was customary until now to use a so-called "loop." This is a loop-shaped cutting wire which is brought to a first potential, while the wall of the uterus is brought to a second, different potential. Tissue is removed by moving the loop along the uterus wall. In order to be able to carry out such an operation, it is necessary to dilate the uterus. Dilation is carried out by introducing a fluid. In order to maintain the effect of the potential difference, a non-conducting fluid is used, for example a 5% sorbitol solution. Because wounds are caused during the treatment described above, a good part of this fluid is resorbed into the patient's bloodstream (by way of the uterus). This can lead to highly dangerous electrolyte displacements. It has been found that the tissue can be removed more easily by working with a high-frequency monopolar electric current, but there is a risk of high-frequency electric current leading to internal and external burns. The loop is generally fitted on an endoscope and moved back and forth along the uterus wall with the endoscope. The tissue cut off during this treatment has to be removed from the uterus, which considerably extends the duration of the operation. Furthermore, the doctor has to check that all detached material actually has been removed.--

*B3
Concl*

Please replace the paragraph beginning at page 2, line 1 with the following rewritten paragraph:

--This means that such operations are very time-consuming and require the surgeon to repeatedly move the device back and forth. This is tiring and consequently difficult to learn. Moreover, the patient has to be monitored continually during the operation, in order to prevent the undesirable phenomena described above. It is not uncommon for such an operation to be broken off because the patient's life is endangered by the side effects.--

B4

1/2/5 Please replace the paragraph beginning at page 2, line 7 with the following rewritten paragraph:

B5 --WO 96/11638 discloses a cutter including a hollow stem and a cutting head accommodated inside a rigid housing. This rigid housing likewise contains a viewing channel

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with the necessary optics. USA-A-5,195,541 describes a laproscopic discectomy apparatus. For a laproscopic method it is essential to inflate the related cavity using gas. The gas feed is discontinuous and has no effect on viewing of the operation site.--

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Please replace the paragraph beginning at page 2, line 9 with the following rewritten paragraph:

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--Fluid is introduced by way of a space between the stem and the rigid housing and discharged together with the detached tissue through the hollow stem of the cutter.--

Please replace the paragraph beginning at page 2, line 19 with the following rewritten paragraph:

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--This device could be satisfactory for the removal of tissues from certain body cavities, such as from the bladder. However, in the case of other body cavities, it is necessary to "blow up" the cavity before treatment can be carried out. An example of this is the uterus, in which it is important that the amount of enlargement of the organ be accurately controlled. The irregular discharge of fluid through the hollow stem of the cutter, caused partly by the irregular release of tissue, means that it cannot be guaranteed that the pressure inside the cavity is accurately controlled.--

Please replace the paragraph beginning at page 2, line 29 with the following rewritten paragraph:

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--Summary of the Invention

The object of the present invention is to provide a device which can perform such a treatment.--

Please replace the paragraph beginning at page 2a, line 1 with the following rewritten paragraph:

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Please replace the paragraph beginning at page 4, line 7 with the following rewritten paragraph:

B16
--According to a further embodiment of the method, an outlet and a further outlet are present, and the pressure inside the body cavity is regulated by metering the quantity of fluid which moves through the further outlet. The insertion of the surgical endoscopic cutting device is preferably carried out in the manner described above using an insertion mandrel and insertion tube.--

Please replace the paragraph beginning at page 4, line 13 with the following rewritten paragraph:

--Brief Description of the Drawings

The invention will be explained in greater detail below with reference to an exemplary embodiment shown in the drawings, in which:

Fig. 1 shows the endoscopic cutting device according to the invention in the assembled state, in side view and partially in section;

Fig. 1a
Fig. 1a shows the viewing/receiving part of the cutting device of Fig. 1 in section along the line Ia-Ia;

Fig. 2
Fig. 2 shows a side and partially cut-away view of the viewing/receiving part of the cutting device of Fig. 1;

Fig. 3
Fig. 3 shows a partially cut-away perspective view of the device of Fig. 1, with the insertion end enlarged;

Fig. 4
Fig. 4 shows a partially sectional side view of the cutter of the cutting device of Fig. 3;

Fig. 5
Fig. 5 shows a variant of the cutter shown in Fig. 4; and

Fig. 6
Fig. 6 shows an insertion mandrel according to the invention.--

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Please replace the paragraph beginning at page 4, line 25 with the following rewritten paragraph: